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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 AUG -2 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **446671** **(0)**

1. Corporation Name
SOUTHERN WOODS, INCORPORATED

Principal Place of Business	Mailing Address
8120 S. SUNCOAST BLVD. HOMOSASSA FL 34446 US	515 OLIVE STE 1400 ST LOUIS MO 63101 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/20/1974
3a. Date of Last Report: 08/12/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-1574130 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No part of an affiliated group

9. Name and Address of Current Registered Agent

MCQUEEN, PAULA F.
1625 W MARION AVE
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name: JAMES E. MOORE III
82 Street Address (P.O. Box Number is Not Acceptable): 1625 W MARION AVE
83: SUITE 2
84 City: PUNTA GORDA **FL** 85 Zip Code: 33950

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] JAMES E. MOORE III 5/8/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHIFFER, RODNEY M. 515 OLIVE ST, STE 1400 ST LOUIS MO	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHIFFER, LAURENCE A 515 OLIVE ST, SUITE 1400 ST LOUIS MO	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	P and D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS LLEWELLYN, DEBORAH F 8120 S. SUNCOAST BLVD. HOMOSASSA FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	DELETE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LOVE, ANDREW S., JR. 515 OLIVE ST, STE 1400 ST LOUIS MO	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	S and C and D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS CLEMENT, GLORIA D. 515 OLIVE ST, STE 1400 ST LOUIS MO	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	AS and T	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	ASSISTANT TREASURER ANNETTE M. WEBB 515 OLIVE STREET, SUITE 1400 ST LOUIS MO 63101	☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rodney M. Schiffer 5-10-95 314-982-0780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

038801D CP